

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN

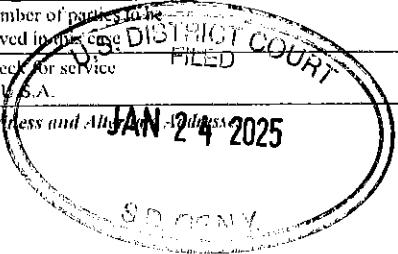
See "Instructions for Service of Process by U. S. Marshal."

PLAINTIFF Robert Lee Murray	COURT CASE NUMBER 24cv6023
DEFENDANT City of New York et al	TYPE OF PROCESS Summons & Complaint

SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT New York City Health + Hospitals
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
50 Water Street, 17th Floor New York, N.Y. 10004

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
Robert Lee Murray 990230038 Bellvue Hospital 462 1st Ave 19 West New York, NY 10016	Number of parties to be served in this case Check for service on U.S.A. <i>DISTRICT COURT FILED</i>

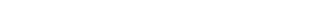
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternative Address)
All Telephone Numbers, and Estimated Times Available for Service): **JAN 24 2025**



Signature of Attorney other Originator requesting service on behalf of: <i>T. Arora</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 12/6/2024
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only for USA 285 if more than one USA 285 is submitted)

Total Process	District of Origin No. <u>054</u>	District to Serve No. <u>054</u>	Signature of Authorized USMS Deputy or Clerk 	Date 12/11/2024
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date 1/22/2025	Time 10:15	<input type="checkbox"/> am
Address (complete only if different than shown above)	<input checked="" type="checkbox"/> pm		
Signature of U.S. Marshal or Deputy N/A - See remarks			

Costs shown on attached USMS Cost Sheet >>

REMARKS

REMARKS
Summons & complaint sent by mail on 12/11/2024. No response received.

-On 1/22/2025 the summons & complaint sent by email to
HHCService@nychhc.org. Confirmation email attached.

Hutchinson, Kristen (USMS)

From: HHCSERVICE <HHCSERVICE@NYCHHC.ORG>
Sent: Wednesday, January 22, 2025 12:15 PM
To: Hutchinson, Kristen (USMS)
Subject: RE: [EXTERNAL] 24cv6023_Murray v. City of New York et al

Confirmed

From: Hutchinson, Kristen (USMS) <Kristen.Hutchinson@usdoj.gov>
Sent: Wednesday, January 22, 2025 11:56 AM
To: HHCSERVICE <HHCSERVICE@NYCHHC.ORG>
Subject: [EXTERNAL] 24cv6023_Murray v. City of New York et al

Caution: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Either click the Report A Phish button or forward suspect email to spamadmin@nychhc.org as an attachment (Click the More button, then forward as attachment).

Good afternoon,

New York City Health + Hospitals is named as a defendant in a civil action. Attached is the summons & complaint.

Please confirm that you are accepting service on behalf of NYC H+H.

Thank you,

Kristen Hutchinson
Civil Process Specialist
U.S. Marshals Service
Southern District of New York
500 Pearl St., Suite 400
New York, NY 10007
Desk: 646-563-9881
Cell: 646-398-3062

Visit www.nychealthandhospitals.org

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